

Alcoholism and Drug Addiction: The Useless Side of Life

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Abstract

Addiction to alcohol and drugs is the second largest health problem in the United States today it is a very complex disease. Yet, data is sparse in relation to Adlerian theory and addiction. Although there have been some studies on this topic, they primarily fall under studies of the different types of treatment used. Sadly, these types of treatments have a low success rate in this country. Addiction is one of the many difficult diseases for many people to conquer and defeat. This paper discusses alcoholism and drug addiction from an Adlerian point of view. It addresses different aspects of, how they become addicted, and how Adlerian therapy can help them find the courage to change and build a stable, sober network through Alcoholics Anonymous.

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Alcoholism and Drug Addiction: The Useless Side of Life

Alcoholism and drug addiction is currently the largest epidemic all over the world, including the United States. It is a very complex and difficult disease for individuals to overcome. In the HBO series, *Addiction*, Hoffman and Fromeke (2007), affirms over 23 million people struggle with addiction and less than 10 percent of them are treated (p. 32). According to the Substance Abuse and Mental Health Services Administration between 2002 and 2005, the rate of illegal drug use among adults between the ages 50-59 rose from 2.7 percent to 4.4 percent. It is also very widespread among young adults between the ages of 18-25. (p. 43)

In a 2005 National Survey, on drug use and how it affected other's health, it was estimated that 22.2 million Americans, ages 12 and older, suffered from dependence or abuse of alcohol and/or drugs. Out of this number, 3.3 million people were dependent on, or abused, both drugs and alcohol; 3.6 million were dependent on, or abused, illegal drugs, excluding alcohol, and 15.4 million were dependent on, or abused, alcohol alone. (Hoffman & Froemke, 2007, p. 43)

According to the statistics above, this is a very serious problem in this nation alone. It affects everyone not just the addict/alcoholic but society, family, and friends. Enos (2010), a speaker at the National Conference on Addiction Disorders stated, "There are 12-15 different types of alcoholics and they all have different psychiatric components, different family issues, and their treatment requires a multidimensional approach" (<http://www.addictionpro.com>). Cooley (1983) added, "Not only are they affected, but on an average four other lives are also affected" (p. 144).

Numerous research efforts have been conducted on alcoholism and drug addiction proving this to be a significant problem. There have been different theories and treatment methods developed because a cure to addiction has not been found. But, from much of this past research different theories and treatments to addiction can be developed. (Bauer, 2010)

Addiction: the brain disease

Addiction is a multifaceted brain disease interweaving in a world that is full of pleasures. Our human brains are wired to enjoy them all. When humans use alcohol and/or drugs, the wiring of the brains takes over causing dreamy effects on health and happiness after a period of time. They start to enjoy these pleasurable effects of the drug by chasing the first high- they experience. In time, it becomes a harm to themselves and to others causing horrible consequences such as being jailed, institutionalized, or dead.

The main problem is selfishness; centering the mind on the drug, rather than on the body. If an alcoholic is asked why they started their last bender he/she will offer a hundred alibis, like a broken record, and once in a while the truth may come. It eventually causes them to be incapable of physically or psychologically drink in moderation (<http://www.sunshinecoasthealthcentre.ca/biopsychosocial.html>). They have no idea how to drink socially. The disease starts to take over the human brain wanting more and more alcohol and/or drugs.

Kluger (2009), conversed the brain's chemicals start to tap into the communication system and disrupt the working of the nerve cells sending, receiving, and processing information. The alcohol and drugs mimic the brain's natural chemical messages by over-stimulating the "reward circuit" of the brain. These results in the neurotransmitters going out of balance with certain regions of the brain are affected (p. 104). Glucose metabolism is reduced in certain areas

of the brain, causing the key neurotransmitters like Dopamine, Gamma-aminobutyric acid (GABA), Serotonin, and Glutamate not to function normally.

For instance, Dopamine causes the individual not to be able to experience pleasure individually. GABA, is a neurotransmitter, affects the person's motions, memory, and motor behavior. Serotonin regulates mood, memory, wakefulness, sleep, and body temperature. Lastly, Glutamate modulates motivation, learning, and memory. When all of these are affected, the human cannot function normally resulting in severe mood swings, not being able to adjust to new rules, not being able to complete tasks, not being able to make rational decisions, resulting in short-term memory loss, putting a hold on emotions, and having sleep problems. The affected person(s) also start(s) to become neurotic, helpless, and develop no personal creative energy to improve a useless lifestyle. They are not living life any more, but just existing, going through the motions of life.

Hoffman and Froemke (2007), explained drugs and alcohol also shrink the brain making it smaller than a normal human's brain, affecting the prefrontal cortex. It causes the structure and functions of this part of the brain to exhibit a lack of willpower, inability to make rational decisions, and lack feelings (pp. 58-59). About 90 days are required for the brain to reset and void the immediate influence of a drug (Kluger, 2009, p. 109)

Other Addiction Theories

George Engel (1977) and Donovan and Marlatt (1988) introduced a model of addiction theory not only considered a brain disease, but also a chronic psychosocial disease. (It affects individuals biologically (genetically), psychologically (thoughts, feelings, and behaviors),

socially, (family, friends, coworkers) and spiritually (God, Higher Power, Buddha).

(www.sunshinecoasthealthcenter.ca).

Engel, Donovan, Marlatt, in 2002, Charland, explained addiction as both a brain disease and a moral condition of understanding the decisional impairments that lie in the area of feelings and emotions and having developed affective capabilities of the brain. For example, the chemical system changes as a result of drinking; the alcoholic experiences brain damage, resulting in him or her thinking they cannot function without alcohol (Drake, Butters, Nelson, Shear, Smith, Bondi, Irwin and Schuckit, 1995, p. 104). Alcohol and drugs become a critical part of their lifestyle.

Another is the learning theory model which focuses on physiological meaning, thoughts, (cognitions) and actions (behaviors) of individuals who are addicted. It states that addictive behaviors develop in one's response to one's environment. It integrates cognitive behavioral modalities (<http://www.sunshinecoasthealthcenter.ca>).

According to the National Association for Children of Alcoholics, NACOA, (<http://www.nacoa.org>) alcoholism and addiction has a genetic component affected by the family environment factors. It is estimated that 40-60% of the vulnerability to addiction can be attributed to genetic factors (<http://www.nida.nih.gov/>). Biological children of alcoholic parents have an increased of risk 2 in 9 of developing alcoholism (Russell, 1990, p. 10) resulting in alcoholism prevailing among children of alcoholics (Russell, 1990, p. 15). Males have four times the risk at an early age if they are sons of alcoholic fathers.

There are more than 28 million Americans, who are children of alcoholics, with nearly 11 million under the age of 18. Families who have drug and alcohol problems are reported to have

higher levels of conflict than do families without these problems. These children grow up with a lack of parenting and discipline, poor home management, lack of family communication, and experience more emotional or physical violence. (3 out of 4) child welfare professionals cited substance abuse as the top cause for a dramatic rise in child maltreatment since 1986.

(<http://www.nacoa.org>). Family stress increases, including employment problems, illness, marital and financial problems, and increased family moves. These children are also prone to depression and anxiety, psychiatric and psychosocial dysfunction, attention deficit disorder, oppositional defiant disorder, lack of empathy skills, exhibit decreased social adequacy and interpersonal adaptability, have low self esteem, and show a lack of control over the environment (<http://www.nacoa.org> and West & Prinz, pp. 211-212).

Schurmann Tolstrup, Gronne Nordestgaard, & Rasmussen (2008), also reported from twin studies that heritability explains approximately 50% of alcoholism and problem drinking in the Caucasian population. ADH is the alcohol dehydrogenate gene cluster known to be associated with alcoholism from whole-genome scans (Schurmann Tolstrup, Gronne Nordestgaard, & Rasmussen, p. 220). They believed this gene is only part of the problem and that other genes are also connected, but there has not been enough research developed to date. Researchers are still working on a theory.

The psychoanalytic model was developed by Sigmund Freud. He treated addictive clients by considering alcohol and drugs as symptoms with treatment aimed at a deeper issue, rather than as the primary problem. He believed the mind had the following three elements a) the id, b) the ego, and c) the superego (Thombs, 1999, pp. 81-89). He also believed the mind is divided between two parts the unconscious and the conscious. The unconscious mind is a reservoir of

feelings, thoughts, urges, and memories that are outside of the conscious awareness. Most of the unconscious mind is unpleasant with negative feelings of pain, anxiety, or conflict.

Behaviors develop positively or negatively. For example, the alcoholic will drink a bottle of vodka daily to numb the pain of loss of his loved one and it becomes a habit. On the other hand, the conscious mind is everything of which he is aware. They can think and talk rationally. For example, when the alcoholic is in treatment, he or she will learn to develop new behaviors of to consciously preventing relapse. (<http://psychology.about.com/od/theoriesofpersonality/a/consciousuncon.htm> & Thombs, 1999, pp. 81-89) In understanding this theory, alcoholics make rational decisions in life versus irrational decisions.

Lastly, the family theory model includes three different therapy models which are 1) Family systems, 2) Family behavioral, and 3) Family disease models (<http://www.sunshinecoasthealthcentre.ca/biopsychosocial.html>). In all of these family models, addictive behaviors are not the problem of one individual; it involves the entire family system, and sometimes the entire community, as mentioned previously (McCabe, 1978 and Sexias & Geraldine, 1985, p.337). The family takes a part in the denial game of the addicted person in order to maintain the homeostasis of the family and keep the family together. This is also “The Elephant in the Living Room model” with family members avoiding “rocking the boat” and/or having to deal with pain.

All of these models were designed by theorists who believed to have a complete understanding of addiction. They all had different theories in treatment of the alcoholic/addict. Alfred Adler had different thoughts on how humans become addicted and develop neurosis.

Adlerian Theory and Addiction

Neurosis: Definition

A neurotic is an ambitious person who has lost courage (Yang, Milliren, & Blagen, 2010, p. 106). Neurosis comes from an inferiority complex of one's self at an early stage in life. The beginning of the symptoms is exhibited by inability to perform tasks. The more discouraged the person becomes, the less likely he is to accomplish life tasks and the requirements of his life. Tension usually plays a significant part in the symptoms. Dreikurs (1989) The symptoms of addiction are superficial and the person(s) continues to build a façade of one's self (p. 67). For example, an alcoholic seeks relief from his problems. He learns to solve them in cowardly way by getting relief from the bottle of alcohol or the drug (Adler, 1998, p.116). Neurosis is what one uses to announce one's helplessness and it serves as an excuse for not participating in common tasks of life.

Wolfe (1957) stated the characteristics of neurosis are the following: 1) developing ignorance of the meaning of life and the value of social cooperation, 2) creating a dominance of one's individual ego and the cult of individual uniqueness, 3) an emotional trace of fear, 4) establishing a prejudiced sense of power and security, 4) building on the purpose of achieving a neurotic goal, 5) substituting I cannot, for I will not 6) creating a scapegoat, 7) creating an alternative of personal irresponsibility for failure, 8) being useless, and 9) isolating the constriction of the sphere of activity to the bare minimum consonance with life (p. 198).

Adlerian View of Addiction

In Ansbacher and Ansbacher (1956) they swear by, Adler believing addiction was a form of neurosis including other symptoms such as depression and anxiety. Adler also believed

addiction was an acute feeling of inferiority marked by being shy, having a liking for isolation, being oversensitive, impatient, and irritable (p. 423). When having these other symptoms it is hard for the addict(s) to recognize that they have a problem. Cooley (1983) stated, “They do not see themselves as having a problem, due to being in denial (p. 146). Denial is a wonderful ego defense; they have developed to not face reality. They lack the courage to see the real self.”

Addiction makes it easier for some of these people to cope and not face reality. It becomes an effective way of evading life tasks for individuals who lack the courage to participate in their social relationships. In the process, again, they become tremendously self-centered. They use their addiction to deal with all aspects of life. It delays the normal development and alienates the individual from self, their core values, and society. They believe they have no sense of belonging or significance in the world (Yang, Milliren, & Blagen, 2010, p. 92).

Family Atmosphere

The primary goal of the family is to develop courage among the family members. (Dreikurs & Soltz, 1964, p. 56). This goal is to assure feelings of belonging. In order to achieve this goal, each family member chooses to play a specific unique role in the family, a role which enables the person to feel accepted and to receive appropriate attention. When this role does not serve the goal of belonging in later stages of life, some people might start to search for an escape. They start using alcohol and/or drugs to escape and may develop mental health issues, other addictions, and other negative consequences, like probation. These people are either adult children of alcoholics, alcoholics, addicts, or are set in an addictive family. As mentioned

previously, the family who has abuse or other family problems lacks this courage and lacks a feeling of belongingness.

In my experience, for example, a woman, age 60, raised in alcoholic family may develop a gambling addiction, depression, and have financial problems due to not feeling she belongs. She tries to cope with playing the victim of the family and begs from others to help, instead of her brothers, sisters, and father helping her. Her children at age 30 step up to the plate to help her get on a budget and cope with her other problems. (Bauer, 2010)

Adlerian Lifestyle: A Holistic Approach

Adler's Individual Psychology is a holistic approach, to the whole person. The lifestyle is the individual's unique way of being, coping, and operating in the world that supports the person's private logic for the best way to achieve his or her desired goals. (Ansbacher & Ansbacher, 1956, p. 173). Lifestyle is a whole to behavioral strategies and safeguards leading to one's successes and failures (Yang, Milliren, & Blagen, 2010, p. 8). Adler believed each individual has a unique lifestyle and sometimes it is linked to one's personality (Ansbacher & Ansbacher, 1956, p. 177) or personality in action (Lombardi & Melchior, 1996, p. 32).

Each human being has a particular lifestyle and a purpose they have developed in their life. They may not know it and may not know how to cope in a healthy way. The lifestyle will help them develop new goals to achieve to live a healthier, useful life.

Lifestyle Themes in Addiction

In a study by Lewis & Osborn (2004) and Lewis & Wachter (2006), belonging or social interest, going along, taking charge, wanting recognition, (p. 287) striving for perfection, and pampering were significant predictors with alcoholism and addiction.(p. 287). They found

college men had a high belonging/social interest or outgoingness and low going along were significantly related to great amounts of alcohol use. They were in the taking charge lifestyle emerged as a significant predictor for total consequences of alcohol use. These lifestyle themes have immediate gratification (p. 9).

Lewis and Wachter (2006) found combinations of lifestyle themes being superior in predicting the frequency of binge drinking and the frequency of alcohol consumption compared to socio-demographic variables. (pp. 293-294) In addition, Suprina, Brack, Chang, & Kim (2010) stated, “Minorities, like gay men or African American women, have a lack of belonging, have a tendency toward rebelliousness, a tendency to be cautious, and seeing their childhood as more harsh and unsupportive ” (p. 178).

No matter gender, race, or creed, this illness has similarities that encompass all alcoholics and addicts wanting control in their life and having some kind of insecurity about oneself whether they want attention or lack of a sense of feeling they want to belong in society.

Pampered Lifestyle and Addiction

Criminals, alcoholics, and addicts, are found to have a pampered lifestyle. They find ways to justify this lifestyle. They express their demand for pampering with an argument to justify these neurotic activities. For instance, the alcoholic may say, “I have been victimized in my childhood,” and, therefore, “I am allowed to take what I want.”

They feel the world has refused to honor their claim for pampering, but have found a solution that is quite satisfactory. Suffering from a multitude of symptoms and personality disorders they are rather meaningless. They become emotionally discouraged and spiritually

crippled and avoid realistic solutions having a hesitant approach toward problems. They begin to live the useless side of life.

In my experience, anxieties and phobias become clinical symptoms to justify the avoidance of their problems and serve as convenient rationalizations. They are not interested in getting well because of being comfortable with their lifestyle and see no real reason to get better, believing consequences are not severe enough to change. They have developed a thinking process that is not the same as others and are more dysfunctional. Knowing the difference between right and wrong, but have the, “I don’t care the world owes me attitude.” In their neurotic thinking, it is no big deal for them to be in prison for 10 years or re-offend and don’t have the courage and don’t know how to get it. They are stuck.

Early Recollections of Drug Abusers, Alcoholics, Criminal Offenders

As previously mentioned, Colker & Slaymaker (1984) and Adler (1958) Alfred Adler discussed memories being a mental function created by the individual that are in line with his or her attitudes to develop a dominant goal in life. They are an individual’s convictions of self and life and to serve his or her current purpose(s) (p. 36 and p. 73). There are no chance memories just the one the individual chooses to remember on what they feel. It is a story to warn them or comfort them, to keep them concentrated on their goal, and to prepare them by means of past experiences, to meet the future with an already tested style of action (Ansbacher & Ansbacher, 1956, p. 351).

For example, Holder III & Williams III (2008) found 84 percent of addicts had dark qualities along with being negative. Most early memories of addicted clients were negative and had pain and fear in them (p. 14). Both observed in cocaine addicts who had first memories that

were related to excitement or being “up” often interrupted or concluded with some sort of negative event, like an accident or being punished (p. 19).

Shifron (1999) reported of alcoholics and addicts having memories of high unrealistic expectations from self and others; and unresolved traumatic experiences at any stage(s) in life, not necessarily in early childhood. They lack boundaries which are typical to non-democratic families and to the pampered child, have addictive behaviors of parents or siblings; and feelings of rejection by parents. Each one has an escape from coping with real life tensions and they develop unhealthy behaviors (pp. 116-120).

Adler (1931) stated, “There are no chance memories out of the incalculable number of impressions which meet an individual he chooses to remember only those which he feels however darkly, to have a bearing on his situation” (p. 73). These clients find a justification to life at the time discussed. For example, when they discuss their drug history, they rationalize all the reasons they used these drugs.

Hafner & Fakouri (1982) discusses from Brown and Yalom’s study (1977) finding early recollections of alcoholics seemed to be externally controlled, while non-alcoholics are internally controlled. All reported that those who were unwilling to continue treatment mentioned death more, took place outside of the home, and lacked mutuality of friendly, social, reciprocal, or cooperative experiences with others. Also, found them trapped in a characteristic vicious cycle in the family. Many of them blamed other family members for the one who caused them to become alcoholics.

This chronic negative insight of life set the stage for them to live in a perceptual vicious cycle. They developed fear or anxiety as a result to these threatening situations. They are not

likely to take responsibility for what happens to them in life. They also have more motor activity in early recollections compared to normal people who have more visual activity (p. 241).

Hafner, Fakouri, & Chesney (1988) studied early recollections on alcoholic women. These women mentioned “mother” and other family members like uncles, aunts, grandparents less. Animals were present more because they had limited interaction with family and non-family members. Also, mentioned having more hesitant views of the world unfriendly, dangerous, became victims of society. They end up living and choosing to live the role of the victim because it feels comfortable. The themes of fear and anxiety are high and produce unhealthy situations causing more open hostility and punishment, to oneself and others. They significantly want more attention from others, but on the other hand, they are more passive and less emotional. They believe life is burdensome with more dysphorias, distress, and discomfort.

Early recollections of criminals are very similar. Ansbacher & Ansbacher (1956) Adler believed criminals have a different outlook on life that is reflected in their private logic (pp. 413-414). Their private logic is different from the common sense aspect. Criminals are suffering from a mistaken outlook of the world, a wrong estimate of their own importance and the importance of other people (p. 413).

For instance, Elliott, Fakouri, & Hafner (1993) found criminal offenders’ early recollections involved themes of death, punishment, and misdeeds. They viewed life as hostile and others as punishing, and themselves as missing the mark because of misdeeds committed. Actions toward others are self-centered rather than cooperative. They found the trouble began in early family experiences with unpleasant interactions with family members. They also have more

anxieties, fears, and tensions, along with feelings of helplessness, inadequacy, and fear of failure associated with diminished self-concept in their lifestyle (p. 73).

Criminal offenders also lack social interest and who have a pampered style of life, and have a greater frequency of illegalities due to being brought up in a disorganized social situation. They develop cold feelings as a result of rejected parents. Some grew up with having fathers with whom they could not identify with. They discussed more frequent traumatic personal injuries, saw themselves as victims, and were by themselves or alone in unpleasant situations. In discussion, they used fewer numbers of words, were passive, had less concern for others, and used negative tones and unpleasant recollections that differ in length. More commonly, they had themes of injury, illness, mutuality, fear, anxiety, and infuriating situations. There is seldom a mention of mother, father, and siblings.

Criminals end up in this useless side of life having developed fears, insecurities, and mental health issues, and addictions making the consequences even more severe for them. They are stuck and don't realize they have a choice in the world and just give up on life.

Behavior and Addiction

In all cases of addiction, people are seeking to alleviate life's circumstances (Ansbacher and Ansbacher, 1956, p. 423). These circumstances include perceived stress, anxiety, and inferiority feelings and result in alcohol and drugs to help them feel better about themselves. Cooper, Russell, & George (1998) Along with a lack of sense of belonging, they socially withdraw, develop high neuroticism, and avoid coping with their addiction (p. 228).

In my experience, for example, I have a client who is on parole, has a young child, and lives with his girlfriend. He relapsed two times in the past year and he reports that it is due to

stress from being a father and trying to provide for his family. He reports that he gets caught up in his old behaviors of coping with stress and then relapses. The cocaine is already up his nose and before he realizes it and it is too late to undo what has already been done. (Bauer, 2010)

Useless Side of Life versus the Useful Side of Life

In the book, *Techniques for Behavioral Change* by Nikelly (1979), Laskowitz discusses drug addiction is the desire to take medicine. It's easier for alcoholics and addicts to cope with life's problems by altering the internal environment than by struggling with external situations (p. 165). Addicts come from a variety of life circumstances, reflecting diverse lifestyles, and demonstrating a wide assortment in social interest. For instance, Nikelly (1979) stated, "The oblivion seeker tends to seek cortical depressant drugs especially the opiates, it helps them safeguard against feelings of inadequacy" (p. 166).

Laskowitz (1979) goes on saying, "The opiate user seeks to escape from conditions of human misery and hopelessness. He has feelings of incompetence and despair in dealing with the three basic tasks of life, sexual, social, and occupational relations. If married, he is unconcerned about being in a role as a parent and/or provider when high" (p. 166).

The Alcoholics Anonymous Big Book (1976) describes this and states, "An illness of this sort and we have come to believe it is an illness-involves those around us in a way no other human sickness can. 'It engulfs all whose lives are touched by the sufferer's. It brings misunderstanding, fierce resentment, financial insecurity, disgusted friends and employees, warped lives of shameless children, sad wives and parents'" (pp. 18 & 23).

Laskowitz (1979) comments on the pampered lifestyle saying, "If life pattern is based on pampering he may have an unrealistic sense of personal worth and expect to receive without

giving and to rule others through his demands. The drug he/she uses is totally directed to the socially 'useless' side of life and his/her behavior becomes compulsively drug centered" (p. 167).

For instance, if a young person's drug use is rooted in a pattern of family value-violating behavior with little environmental pressure for drug experimentation they become discouraged. The view of life is seen as a game in which insincere roles are played according to rules set by an emotionally remote "establishment." Ambition and striving are traps to ensure the unwary into organizing their lives around corrupt, long term values instead of fulfilling present, more urgent need (pp. 167-168).

Mosak (1973) discussed Adler's belief of alcoholics and/or addicts have a preformed set of old habits conditioned with a purpose. Habits don't rest until the alcoholic/addict chooses to be aware to aware of them. They lean on these habits for security and comfort. They use it as a vice. The habit is the root of all pain, pain that lies in the present of these alcoholics/ addicts. The addict becomes non attached and unable to stand on their own two feet and face natural consequences. When fear gets to extreme and lies within them. They are then ready to make changes in these habits (p. 3).

Shifron (1999) adds, "Addictive behaviors are chosen, repetitious, developing behaviors rather than behaviors that have no control" (p. 114). The goal of these behaviors is to escape (Linden, 1993, p. 10). Shifron (1999), also stated, "Addictive behaviors are holistic in nature; they are expressed physically, psychologically, and spiritually" (p. 115).

Mosak & Maniaci (1999) found all behaviors have a purpose and are goal-oriented (pp. 16-17). The goals of addiction are to assume feelings of belong into a group, shunning the

pain of rejection, evading the inconvenience of coping with enjoyable situations, or indirectly with life pressures (Shifron, 1999, p.116). Another goal is to escape existential fears of rejection and the feeling of insignificance. This is achieved by doing something in extreme, such as helping them to belong by drinking alcohol and using drugs (Shifron, ICASSI, 2010).

Ansbacher & Ansbacher (1956) found alcoholics/addicts feel useful in life by striving to move from inferiority to superiority and energize human behavior (p. 117). They must find a way to create positive energy and toward cooperation with others, representing the good in people. On the other hand, the useless side of life fails to support social interest and moves in ways uncooperative, selfish, or overly competitive (Manaster & Corsini, 1982). Substance abuse problems develop selfish pleasure seeking behaviors without social interest.

Useless side of Life: Behaviors/Symptoms

Fear and Addiction

Yang, Milliren, and Blang (2010) found alcoholics and addicts attending treatment believe life itself is scary. They use alcohol and drugs to overcome fear. They turn to the useless side of life and put on a false front. They become discouraged early in life (p. 6). Research has shown that 50% of addictions are fear based (Holder III, & Williams III, 2008, p. 7). Addicts fear to change the roles they are accustomed to because it will affect the primary addictive behavior, the addiction to one's "assigned roles" and "rules" (Shifron, 1999, p. 120).

Fear is a response to danger and functions to protect us. In addicts, fear is heightened when encountered in the world around people and world within them. They fear rejection, failure, and mistakes. Addicts become afraid of what others may think of them and are afraid to be themselves. Fear becomes anxiety when advanced (Yang, Milliren, & Blagen, 2010, p. 6)

Yang, Milliren, & Blagen (2010) added anxiety then strips away freedom and isolates people into being useful in life. Fear serves a purpose for those who feel inferior and incapable of meeting the demands of the world. True desires and needs are not met. Fear can hinder a sense of being and belonging. Inferiority of self becomes helpless, hopeless, and meaningless. Fear and inferiority work to either propel to social useful action or lead to feeling inadequate. Through fear they choose to either strive for a felt minus or a perceived plus (pp. 5 & 6).

Anger and Addiction

Grisso, Davis, Vesselinov, Appelbaum, & Monahan (2000) and Reilly & Shopshire (2000) found addiction causes those affected to exhibit high levels of violent behavior and high levels of anger. Alcoholics and addicts exhibit violence and anger in excessively greater proportion than the general population (p. 391 and p. 162).

Holder, Cisler, Longabaugh, Stout, Treno, and Zweben (2000) stated, "Project Match (1997b) facilitation therapy manual reads anger and resentment are pivotal emotions for most recovering alcoholics (pp. 1000-1001). Anger stirs up anxiety driving the alcoholic to drink in order to numb it. Resentment comes from unexpressed denied anger and represents a constant threat to sobriety for the same reason (Nowinski, Baker, & Carroll, 1999, p. 83) An intoxicated person acts as if he or she had never been civilized. People who are out of tune with life use alcohol to express their true feelings. They use it as an excuse for their behavior (Adler, 1992, p. 215).

Anger and frustration are triggers for relapse in both the intrapersonal and interpersonal domains. Relapses are related to interpersonal frustration conflict and are associated with anger

and frustration (Litt, Kadden, Cooney, & Kabela, 2003, p. 119). Negative emotions lead to high levels of relapse.

A 2004 study by Lin, Mack, Enright, Krahn, Baskin found that alcoholics have higher urges when finishing a treatment program and have higher degrees of alcohol dependence, along with anxiety, and attribute their anger to those without such urges (p. 1114). This result of them being outside of their safety zone they developed in treatment, having to be out on their own, and scared they may go back to their old behaviors.

Choice and Addiction

Addictive people have a choice of whether they want to get better or not. They have to make the decision for themselves. Generally, they don't even realize they have a choice or choices until they get some sort of treatment and recognize choices are a part of life. They must find courage Yang, (2010). The key factors contributing to reorientation of their recognition of personal power, are to have the ability to make decisions, and the freedom of choice (Dreikurs, 1967, pp. 18-22).

Feelings and emotions are closely involved in decision making in which there evaluative determinations enable the selection of options to guide choice. In addictive people, brains are already numb from drinking such that they can -not make rational choices without the help of a stable sober network and treatment.

Lack of a Sense of Belonging

In Ansbacher & Ansbacher (1956) Adler states, "Every child is born with the need to belong and the ability to connect with others. It is essential one belongs and is connected to significant groups in one's circle of life, according to the five life tasks" (p. 435). It is essential

for the individual to be actively contributing to a large whole through special talents and creativity. Ansbacher & Ansbacher (1956) Adler emphasized that belonging is the primary factor for the individual's and community's mental health (p. 136).

The alcoholic /addict needs to feel of a sense of belonging to society, family, and a group. For example, the alcoholic becomes the center of fun and joy in a group, being encouraged to drink more by others. Or a single man is at a bar and seeking to find a woman to mate with and drinks alcohol to develop "liquid courage" it helps him to become more courageous and feel a sense of connection to talk to a woman (Bauer, 2010).

Adler reports that each child uses creative power to overcome feelings of inferiority in the family. Each child is a creative individual who strives to belong and to be significant through special contributions to their family. When a lack of encouragement develops, it often leads to isolation, anxiety, depression, and addiction.

Lack of Creative Personal Power

Yang, Milliren, and Blang (2010) found all failures stem from individuals striving to attain significance through personal power and status. Courage should be present for creative power to motivate progress toward a chosen goal (p. 8). Everyone has willpower in them. It is necessary to find it to develop a creative positive energy or a psychological force to exert will in overcoming life issues (p. 12). Willpower stimulates addicts to find a purpose by having passion, reason, and wisdom (p. 220 and p. 12).

Personal power must be recognized and maintained throughout the therapeutic process as it is the energy force behind a striving for significance. Personal power arises from a creative

ability which lies within. The creative power of the individual casts into movement all of the influences upon self and all of the potentialities.

Shifron (2009) discussed the primary goal of individuals who seek therapy or counseling is to release themselves from pain, discomfort and suffering. The individual who asks for help is interested in changing the situation. One who believes in themselves and in their creative abilities is able to take risks. Without this self- confidence, no one will ever take the risk that is necessary for changing the painful situation. When people are in pain or despair the strongest feeling associated with the pain is weakness and discouragement, and therefore change is almost impossible.

Lack of Spirituality

Alcoholic Anonymous (1976) states, “His face falls when we speak of spiritual matters, especially when we mention God, for we have re opened a subject which our man thought he had neatly evaded or entirely ignored” (p. 45). This quote describes the alcoholic losing their sense of self-esteem, and everything that goes with it; including the five tasks of life. He has no conscience, for his conscience is locked up in his addictive behaviors.

Faith without work is dead. How appallingly true for the alcoholic! For if an alcoholic failed to be perfect and enlarged his spiritual life through work and self-sacrifice for others, he could not survive the certain trials and low spots ahead. Most alcoholics feel they need look no further for a paradise.

Not just alcoholics, but addicts have the same feelings of having no sense of self-esteem, no sense of self worth, a lack of spirituality, and no sense of believing in God or a higher power, because it is useless for them. They have completely given up on this part of life. Some feel

betrayed by God or a Higher Power. They don't believe that this is one of the keys to recovery. They are so selfish and stubborn, they don't want to believe something greater than them can be out there.

Social Interest and Addiction

Nikelly, (1979) Adler describes addicts social interest is misdirected in the search for a more meaningful ethnic nation (pp. 167-172). They are addicted to the drug scene as well as the drug itself. Drinking has been a social habit since alcohol was legalized and will always be a social habit to enjoy the company of others. If this social habit was taken away, some humans would not know how to socialize and would probably isolate themselves from society. It would be unbearable for them and leave empty gaps in their lives.

Dreikurs (1989) Addicts use hallucinogens to gain a false sense of heightened inner strength and lessen the need to struggle with the complexities of the universe, heightening a creative power, and freedom in initiating personal contact with a fictitious higher power to gain a sense of belonging. A desire for personality changes and they can become more responsive to their surroundings (p. 65).

Dreikurs (1989) suggested that substance abuse problems develop in selfish pleasure seeking behaviors without social interest. Addicts need to contribute to an immediate group to enhance their feeling of worth and experience a sense of meaning in their life (Shifron, 1999, p. 117). This is where Alcoholics Anonymous or any other 12 step based group makes the addict or alcoholic feel welcomed.

Shifron (1999) The addiction, may very well, very often, develop from contributing to the "wrong" group when one feels rejected from the "right" group. Rejection comes from the

“right” group resulting in feelings of meaningless and no sense of belonging from one’s family, having poor social contacts, and having poor working habits developing in feelings of loneliness and worthlessness resulting addictive behaviors. Sadly, addicts are searching for a continuous purpose in life in the wrong direction, known as the useless side of life. They find no meaning in social, family, and occupational groups. Inferiority results in striving to strengthen self rather than the others (p. 117).

Substance abuse problems develop with selfish pleasure seeking behaviors without social interest. In a study done by Lewis and Wachter (2006), a lack of social interest was the main trait associated with problematic drinking (p. 286). Social interest is a state of mind, an attitude given to the addict, by feeling a strong sense of belonging. Delusioned, as if he is in a conception of the world as near as possible to the real world, and has courage and common sense, social functions, which are frustrated among all failures and is ready to accept the advantages of social life. He wants to be the creator of his fate with an effective regard for the welfare of others (Yang, Milliren, and Blagen, 2010, pp. 25-26).

Developing a Useful Side of Life: Interventions/Treatments

Motivation and the Stages of Change

Motivation is crucial part of treatment the client brings with them. With motivation, they are more likely to be successful to strive for success in recovery. Diclemente, Belling, and Neavin (1999) developed a process, describing how the person develops in the following stages: 1) - Precontemplation- they are not yet considering change, - (pp. 86-92) for example, an addict, when being forced their by the courts, is still angry for attending treatment but knows he must to do it for the court system and is precontemplating whether he is an addict or not (Bauer, 2010).

2) Contemplation- they are considering changing, but taking no action. For instance, a functioning alcoholic in society is told by his wife he has a problem with alcohol and starts to contemplate whether he has one or not and does not take any action to get help.

3) Preparation- this is where they are planning to make change in their addiction and find new coping skills to recovery. Another case would be an alcoholic attending treatment and being compliant with the program by being open minded about his addiction and begins to ask for help and learn coping skills. 4) Action- is where they are making changes in one's behavior and the therapist or others start to comment on those changes. For example, when an alcoholic starts to change his routine in the morning or appears to be calmer when he gets angry. 5) Maintenance is changing one's lifestyle to maintain new behavior (p. 86). The alcoholic is taking all the steps to recovery and transitioning to the useful side of life.

These stages of change do not happen over-night, they develop over a lifetime. The first step for the addictive person is to have the courage to start treatment/therapy, the motivation to strive for significance and find a purpose in life. When the person goes through these stages, they will develop and transform into a better person. Some people develop some of these stages in treatment but some may not it all depends on the individual and their motivation. Of course having high levels of internal motivation predict a greater likelihood of success (Prochaska, Norcross, Diclemente, 1994, p. 43).

Therapeutic Alliance

Cutler & Fisbain (2005) Therapy and or treatment help the patient regain a sense of control over his or her life (p. 10). Ansbacher & Ansbacher (1956) includes, Adler found building a therapeutic alliance with the client is important to helping the client gain trust with the

therapist and helps the person gain motivation for changing. This is the first step to getting better (pp. 3336-3337). The therapeutic alliance is important at the beginning stages of treatment/therapy in order to develop a more positive outcome for the client (Connors, Carroll, DiClemente, Longabough, Donovan 1997, p. 588).

Adlerian Therapy and Addiction

When addictive people work with Adlerian Therapists it is important to engage them in lifestyle themes and engage them in discussions about how they use their unrealistic belief systems to solve life's problems (i.e. I owe myself a night of binge drinking due to the bad week I had) and to motivate behavior. Bringing up themes of their lifestyle and early recollections, this helps to expand the choices available to them. They choose to use drugs/alcohol based on faulty lifestyle convictions. Lewis and Wachter (2006) They may choose to challenge their faulty lifestyle convictions and may change their behavior to move toward healthier goals (p. 296). Shifron, (2009) discussed the primary goal of individuals is to release themselves from pain, discomfort and suffering (Shifron, 2009)

A genogram is a chart of family development. It describes all family interactions, life-changing events, important facts about family members, social and emotional relationships, possible conflicts in the family, dates and times of certain events, behavioral patterns, beliefs, rituals, strengths and vulnerabilities of the client, coping strategies, career choices, family development issues, and medical history. When working with a client, the therapist can discuss all aspects of him/her and all of this information. It is better than having them provide a narrative of themselves.

While working with the client and building his/her genogram the therapist can watch the client's gestures and see and hear where they are feel comfortable and uncomfortable discussing certain issues, For instance, if a client is still grieving over his wife he lost 10 years ago from cancer, while interviewing him, the therapist can hear and see the pain in his voice and body gestures. It helps the therapist hear that he may have some attachment, anxiety, or depression, and obviously has grieving issues he has not worked through. The therapist can talk about how he coped at the time of her death. If he used alcohol and drugs for a long time to numb the pain, it was not a healthy grieving process and he will have to learn how to grieve in a healthy way.

Nikelly (1979) The therapist must always hold them accountable, allowing them to suffer the natural consequences, having equal responsibility to all, demonstrating a freedom of choice is blocked by safeguarding attitudes which promotes the status quo. Abstinence cannot always be a precondition for therapy or treatment of the addict (pp. 173-174).

Hoffman & Froemke (2007) introduces Volkow, a researcher, who works for the National Institute on Drug Abuse, suggesting treatment of addiction should include strategies that enhance the saliency value of natural reinforces (including social support, strengthening inhibitory control and executive function, and decreasing conditioned responses and improving mood (p.139). Medications can be suggested with a mental or physical illness to help them toward recovery. Shifron, (1999) also suggested alcoholics con others by covering up and/- or denying their drinking problems (p. 117). It is very important to get the family involved so everyone is on the same page to help the alcoholic/addict.

Holistic in Nature

In Adlerian therapy, it is important to follow the following steps in helping addictive people work holistically. 1) Find out cognitive information about the nature of the disease, information about the substance(s). Find out information about the family constellation by doing a genogram. 2) Do an analysis of their life style, with a disclosure of the hidden goals, (Ansbacher & Ansbacher, 1956, p. 173). The first stage of intervention, is to find alternative positive addictions in order to continue the rituals, 3) Focus on changing their old behaviors to new healthy behaviors to reach the goals; and refer them to group therapy in order to experience a sense of belonging (Shifron, 1999, p. 121).

A New Combination of Adlerian Psychology: Perceptual Adjustment Therapy

Holder III & Williams III (2008) developed Perceptual Adjustment Therapy (PAT) is designed specifically for addictions treatment professionals and those in related fields. It is a unique combination of Adlerian psychology, Gestalt Therapy, and Neuro-Linguistic Programming. PAT offers the therapist a faster method for information-gathering and shows how information can be more beneficial. Focusing on what not to do, regardless of our hopes for progress, it directs both client and counselor toward a negative goal. It turns the tables and offers a positive approach by addressing the client's perceptions of what can be done to change them. (pp. 1-11).

This method of therapy uses a client's early memories as a road map of perceptions—an indicator of the client's belief system and the guiding fictions or mistaken beliefs built in perceptual filters to support those beliefs. These perceptions are used to identify and understand

an individual's positive intents and underlying positive desires that they really want to fulfill. It shows the therapist how to assist the client in achieving integration and wholeness (p. 1).

Holder III & Williams III (2008) articulated, "Perceptual Adjustment Therapy is stuck in the belief that all alcoholics and addicts are seeking some positive goal to achieve balance and wholeness, not just running from negative consequences" (p. 1) It focuses on internal conflict that occurs within the person and reshapes the mistaken beliefs they have about themselves to creative positive ideas about themselves to help them get better (p. 4).

When administering this kind of therapy, it is important to take these following steps:

1) Ask the client what he/she will do when all has stopped that he/she has stopped all he/she wishes to stop? What will he/she do instead? 2) If the client used drugs or drinking to relax, what can be done to accomplish that goal in a more functional way? For example, a client comes to the therapist and the therapist asks the client what is a positive goal you want to accomplish? The client reports I want to stop endangering the lives of my children. Tell the client he/she did not answer the question, comfort the client and point out that he/she let you know what he/she did not want rather than what he/she did want. Ask the client directly, in positive terms, what are the goals you want to set? So what you do not want is to endanger your children-what is it that you do want? The answer to keep them safe. This goal is possible and can be accomplished. Lastly, ask the client to recall their earliest childhood memory (pp. 3-4).

These memories help to understand how the individual drinks or uses drugs. It is first available indicator of a person's positive intents for use. This is a very important indicator to as how the person uses alcohol and drugs from the beginning of their first use to the most recent. It gives the therapist an idea of why he/she is using alcohol and/or drugs.

A Social Network: Alcoholics Anonymous or 12 Step Groups

Alcoholics Anonymous (1976) “We are people, who normally would not mix. But there exists among us a fellowship, friendliness, and an understanding which is indescribably wonderful. We are like the passengers of a great liner the moment after rescue from shipwreck when camaraderie, joyousness, and democracy pervade the vessel from steerage to Captain’s table. Unlike the feelings of the ship’s passengers, however our joy in escape from disaster does not subside as we go our individual ways. “The feeling of having shared in a common peril is one element in the powerful cement which binds us.’ But that in itself would never have held us together as we are now joined... The first requirement is that we be convinced that any life run on self- will hardly be a success”” (pp. 17 and 60).

Gorski & Miller (1986) Alcoholics Anonymous or any other 12 step group endorses a range of values, attitudes, and beliefs about how to live with-out drinking. A 12 step group gives hope to the hopeless by providing fellowship and a community of others who understand, can provide support, and who will not judge. It provides guidelines for increasing conscious contact with God or any Higher Power and it builds on relapse prevention planning (p. 196).

According to Ansbacher & Ansbacher (1956) Adlerian psychotherapy and the philosophy of Alcoholics Anonymous build a bridge of cooperation amongst the therapist, the client, and the AA community. This increases the client’s creative power and increases social interest. Adler’s position on alcoholism believes it to be an organ inferiority of the digestive system is comparable to Alcoholics Anonymous position that alcoholism is a disease. He referred to alcoholics as pampered failures, lacking in courage and social interest. The beginning of addiction shows an acute feeling of inferiority made by shyness, a liking of isolation,

becoming oversensitive and impatient, irritable, and developing neurotic symptoms like anxiety, depression, and sexual inadequacy (p. 423).

Cooperation and social interest is important in the group meeting in order to help the alcoholic or addict decrease the feeling of inferiority and start striving toward a completion of superiority. Alcoholics Anonymous develops a self- help approach and combines the elements of alcoholism with the disease model of addiction, helping the clients with behavior change. They accept the disease model and use abstinence along with the support of Alcoholics Anonymous.

Adler and Alcoholics Anonymous Similarities

There are similarities between Adler and Alcoholics Anonymous that result from Bill Wilson's, or otherwise known as Bill W.'s, mother knowing of Adler and being educated in psychology. Blagan (2010) discussed these similarities at the North American Society of Adlerian Psychology conference. In the book, *As Bill Sees it* further discusses Bill W.'s relationship with Adler.

He discussed these commonalities: 1) The alcoholic or addict experiences a real or felt minus situation compared to an egomaniac with an inferiority complex. 2) They strive for the illusion of significance in order to overcome the inferiority feeling, rather than striving for a genuine significance, as compared to being entitled that the world revolves around them. 3) The addict's feeling of community is very narrow and has an interconnectedness of life in three major components a) cognitive, b) affective, and c) behavioral, Compared to selfishness, self-centeredness is the root of all troubles and driven by a hundred forms of fear, self-delusion, self-seeking, and self pity, as are awareness, acceptance, and action. 4) The radius extends from one

person to the family, group, and ideally all people the universe compared to the radius extending from one person to AA as a spiritual family. 5) The alcoholic's goal is too high for reality. Having a goal isn't a problem; the problem is wanting to be in a high place without earning it. Compared to "acting as if theory" or "fake it till you make it theory." 6) Alcoholics are often self-indulgent; they avoid responsibility, finding an easy way to escape. For example, they will say, "We thought we could find an easier way." 7) The view of the self and the world in black and white thinking. 8) They have stinking thinking meaning, they find reasons to drink. 9) Social interest is a multi level concept being AA members cooperate, in the 12th step, 1st tradition, and sponsorship. 10) Adler proposes that if the client is not willing to acknowledge his mistaken direction, he is not going to change his lifestyle or goal and he/she must have courage to admit his mistakes. The alcoholic should be honest in admitting and acknowledging his character defects, get a sponsor, and work the 12 steps (Blagan, 2010).

Spirituality and Self

We had to drink because times were hard or times were good. We had to drink because at home we were smothered with love or got none at all. We had to drink because we were great successes or dismal failures. It never occurred to us that we needed to change ourselves to meet conditions whatever they were (Twelve Steps, 1953, p. 47).

Holder III & Williams III (2008) discusses spirituality is essential for healthy living, and a good solid recovery process coming after a person has developed a truly spiritual state of being. It is an active relationship with a power greater than yourself that gives your life meaning and purpose. Detoxification is a spiritual process, it is the body beginning to purify itself and become a whole person again (p. 126). Grabhorn (1992) adds, the key to recovery is the strength

of our Inner Being unlocking the vast powers of our subconscious (p. 46). Alcoholics Anonymous (1976) states, an alcoholic is suffering from an illness only a spiritual experience will conquer (p. 44). Therefore, finding a power greater than one's self helps to restore peace and serenity with in one's self.

Gorski and Miller (1986) When you work a spiritual program, you consciously and actively attempt to become a part of something bigger, greater, and more powerful than yourself. It is this belief in a higher power that takes the human out of the center of their universe, offering a peace of mind and serenity in an awareness of a power that is not restricted by your weaknesses and limitations. Through spiritual development you can develop new confidence in your own abilities and develop a new sense of hope (p. 78).

Carroll (1999) discussed Dreikers (1967) described two additional life tasks. They wrote that people are challenged to address their personal spirituality by thinking about how they perceive and relate to the universe and a supreme being, and learn self-acceptance and develop serenity, or inner peace (p. 9).

The twelfth step is a spiritual awakening to alcoholics. They carry their message to other alcoholics and practice these principles in all of their affairs. They have it with them everywhere they go. Bill Wilson (1983) said, "Each day my friend's simple talk in our kitchen multiplies itself in a widening circle of peace on earth and good will to men." (pp. 15-16).

Gorski & Miller (1986) Spiritual discipline is a consciously chosen course of action. The purpose of spiritual discipline is freedom from the slavery of self-indulgence. Spiritual discipline includes prayer and meditation, spiritual fellowship, and regular inventory of your spiritual growth (p. 79).

Conclusion

Adler discusses how social interest, spirituality, creative personal power, and choice are the keys to recovery. The alcoholic and addict need interaction with social groups to become better and decrease the neurosis of this disease. These are only a few of the answers for these people. There is no one solution to this illness. It is up to the individual and the choice of wanting and willing to get better and making a whole lifestyle change.

There is no specific treatment that is better than the other. The genetic make- up is embedded psychosocially with all people who suffer from neurosis and addiction. They must learn coping skills to get better just as a person suffering from depression has to learn coping skills to become happier with one's self. They must have the courage to change and seek help, such as start going to 12 step meetings, seeing an Adlerian Therapist, and become educated on how their negative behaviors are affecting them and others around them.

While in treatment, it is important to have one main goal (out of many goals) of building self-esteem and to find some kind of spirituality to getting better, to finding purpose, to becoming a better human and to finding inner peace along with positive self esteem to build a useful side of life, and strive for significance, rather than being stuck in the useless side of life

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